## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

2001-1746A

		CLAIMS AS		FILED - PART I (Column 1)		(Column 2)		SMALL ENTITY TYPE		OTHER THAN		
TOTAL CLAIMS			19		(00)0.1111 27		ŗ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			( 9 minus 20=		*			X\$ 9=		OR	<b>以\$18=</b>	
INDEPENDENT CLAIMS			5 minus 3 =		* ~		Ţ	X42=		OR	X84=	168
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	"0" in column 2		TOTAL		OR	TOTAL	308
	· C	LAIMS AS A	MENDED			•	01111 5155			0-	OTHER	•
,		(Column 1)		(Colu		(Column 3)	-	SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	,	PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	1		Minus	*** EPENDENT CLAII		=		X42=		OR	X84=	, t
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_ ′			-	<del>_</del>	<del></del>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER NOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CLAIRA	=		X42=		OR	X84=	
	I INGT FRESE	INTALION OF M	OLI IFLE DE	LINDEN	CLANVI		] د	+140=		OR	+280=	
	,							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	-		ımn 2)	(Column 3)		, 2 <u></u> ,				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
	Independent	ependent   *   Minus   ***  RST PRESENTATION OF MULTIPLE DEPENDENT		IT CLAIM	=	┨╏	X42=		ÓR	X84=		
	rino i PRESE	ENTATION OF M	OLITE DE	FINDEN	II CLAIN		<del>╵</del> ┆	+140=		OR	+280=	
		ımn 1 is less than t ımber Previously P					<b>.</b> . ".	TOTAL		OR	TOTAL	<u> </u>
**	If the "Highest Nu	imber Previously F mber Previously Pa	Paid For" IN TH	IS SPACE	is less that	an 3, enter "3."	,	ADDIT. FEE   ind in the ap	propriate bo		ADDIT. FEE olumn 1.	